COUNTY OF SAN DIEGO VOLUNTEER REPORT FORM PERIOD JULY 1, 2000 - JUNE 30, 2001

	T 5316 I 14E	EN1/C	OURT IN	FORMA	TION:					
Dep	oartment/	Court: <u>I</u>	District At	torney's (Office					
Div	ision/Uni	t: Vict	im/Witnes	s Assista	nce Prog	gram				
VO	LUNTE	ER PRO	OGRAM E	ENEFI	rs:					
a.	GENI stude	ERAL V	OLUNTE, groups, c	EERS (th orporation	is sections, etc.)	n shoul	d inclu	de con	nmunity	voluntee
No	o. Vol	_11	Hour	s160)2	x	\$15.3	9	= \$24	694.78
Тур	es of wor	k perfor	med by GI	ENERAL	VOLU	NTEERS	S in this	catego	ory:	
b.	INSTI honor	TUTIO1	NAL VOL umates, PIO	UNTEE C/RETC,	RS (this GAIN,	s section	should	l inclu	de cour	t referrals
No.	. Vol		Hours		x	\$ 15	.39	=		
			Hours						categor	y:
Туре	SPECI Volumexamp	ALIZEI teers in le, an a		TEERS (requirir	this secing special sports	volun	TEERS uld inch ls and/or celebr	in this	lization ertise I	of Special evels, for pecialized
	SPECI Volumexamp	ALIZEI teers in le, an a ns have	D VOLUN positions ttorney, ple verifiables indicate	TEERS (requirir	this secing special sports ensation, hou	tion show fic skil figure of levels ars and c	uld includes and/or celebrate (VCL).	in this ude util or exp rity). If y sation l	lization ertise I These s ou hav evel bel	of Special evels, for pecialized
Type	SPECI Volumexamp	ALIZEI teers in le, an a ns have	D VOLUN positions ttorney, ple verifiables indicate	TEERS (requirir hysician, e compe	this secing special sports ensation, hou	tion show fic skil figure of levels ars and c	uld includes and/or celebrate (VCL).	in this ude util or exp rity). If y sation l	lization ertise I These s ou hav evel bel	of Special evels, for pecialized e such a ow.

a.	1012	ALS OF DEPA	RTMENT VOLU	JNTEERS (fro	m above):		
		No. of Vol	unteers	Hours			Dollar Benefit
		2a: 11		1602		<u>\$_2</u>	24,694.78
		2b:				\$	
		2c:				\$	
	TOT						
3.			OLUNTEER P				
	transp	ions and iams	s, etc. Please ass	Heme Itan	ac arrob oa	~~~~	cluding monetary outers, air time, d add to the total
	Ite	m Donated	<u>Value</u>		Item Dona	ated	<u>Value</u>
			<u>\$</u>				\$
			\$				\$
					TOTAL VA	LUE \$	
4.	VOL	UNTEER PRO	GRAM COSTS	S:		-	
	a.	Cost of direct hourly rate of	t supervision of staff person(s) <u>d</u>	volunteers (to irectly supervis	tal hours of o	direct s volunte	supervision times eers.
	Hours	156	xRate \$	15.82	\$ <u>2,46</u>	7.92	
	b.	program coord include coord	ram coordination dination times hination of staff, ements and recognitions.	ourly rate of compiling sta	coordinator(s)). Thi descrip	s section should tion preparation,
	Hours	40	x F	Rate \$ <u>20.56</u> =	\$ <u>82</u>	2.40	

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	c. Other program costs (volunteer training materials/supetc.):	oplies, recognition costs
	Item	Cost
		•
	TOTAL OF OTHER PROGRAM COSTS = \$	
	d. TOTAL OF VOLUNTEER PROGRAM COST = \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0.32
5.	NET BENEFIT TO DEPARTMENT FROM VOLUNTEER 1	PROGRAM:
	a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	\$ <u>24,694.78</u>
	b. Total of Donations to Volunteer Program, Item 3 (Page 2) ADD a + b	\$ \$
	c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3)	(\$_3,290.32
	TOTAL PROGRAM BENEFIT	\$ <u>21,404.46</u>

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6.	RECRUITING: Please describe your recruiting programs: United Way, UCSD Internship Program, SDSU Internship Program, and RSVP.						
7.	SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:						
	Please describe any special activities and/or achievements your program was involved in during the period of this report:						
	Volunteers helped with the registration at the Elder Abuse TRIAD Community Involvement.						
8.	VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2001-02: Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:						
	Recruit additional volunteers to work in the Victim Restitution Enforcement unit.						
	Host a volunteer recognition luncheon.						
9.	GENERAL INFORMATION:						
	Name of Person Completing Report: Bob Hensley						
	Phone Number: <u>(619) 531-4290</u> Mail Stop <u>D445</u> E-Mail						
	Volunteer Coordinator: same						
	Phone Number: Mail Stop E-Mail						
10.	DEPARTMENT CERTIFICATION:						
	DEPARTMENT HEAD SIGNATURE DATE						
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